

DEPARTMENT OF HEALTH SERVICES

744 P STREET
SACRAMENTO, CA 95814
(916)-323-0503



December 9, 1985

CMSP Letter 85-11

To: All County Welfare Directors

Monthly Status Report Survey

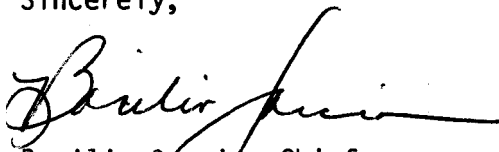
This letter provides you with a copy of the County Medical Services Program (CMSP) Monthly Status Report survey. This survey was commissioned by the Small County Advisory Committee's Eligibility Subcommittee to collect data necessary to evaluate whether the CMSP should retain the current Monthly Status Report requirement or shift to a Quarterly Status Report requirement. Counties should complete the survey based on status reports sent for the months of January, February, and March 1986 and forward the results by April 25, 1986 to:

County Medical Services Program Unit
County Health Services Branch
Department of Health Services
714 P Street, Room 523
Sacramento, CA 95814
Attn: Albert Cooper

For your convenience, we also enclose a desk tally sheet which will facilitate the survey.

If you have any question regarding this subject, please contact Albert Cooper at (916) 324-4892

Sincerely,


Bacilio Garcia, Chief
County Health Services Program
County Medical Services Branch

Enclosures

cc: SCAC members
CWD
CMSP contact

AC:lr
CHSB-3127
12/85

MONTHLY STATUS REPORT SURVEY

Total for

County: _____ Month: January, February, March 1986

1. Number of Status Reports sent
2. Number of Status Reports returned
3. Number of Status Reports not returned
4. For those returned:
 - A. Number which showed no change
 - B. Number which showed changes
 - C. Number which showed Earned Income
 - D. Number which showed Unearned Income
 - E. Number which showed Earned and Unearned Income
 - F. Number which showed No Income
 - G. Number in which information resulted in a new
Share of Cost
 - H. Number in which information resulted in an
Increased Share of Cost
Decreased Share of Cost
 - I. Number in which information resulted in
Ineligibility for CMSP
 - J. Number in which information resulted in
Medi-Cal eligibility
5. For those not returned:
 - A. Number of discountinances sent for
failure to return Status Reports
 - B. Number of discountinances
Reversed in the same month
Reversed the following month
Never reversed

6. For a representative day during the month, the actual average time taken to process a Status Report with:

- A. Income
- B. No Income
- C. Earned Income
- D. Unearned Income
- E. Earned and
Unearned Income
- F. No Change
- G. Changes

Form Completed by

Date

Please return completed survey to:

County Medical Services Program Unit
County Health Services Branch
Department of Health Services
714 P Street, Room 523
Sacramento, CA 95814
Attn: Albert Cooper

Completed by: _____

1. Number of Status Reports sent
2. Number of Status Reports returned
3. Number of Status Reports not returned
4. For those returned:
 - A. Number which showed no change
 - B. Number which showed changes
 - C. Number which showed Earned Income
 - D. Number which showed Unearned Income
 - E. Number which showed Earned and Unearned Income
 - F. Number which showed No Income
 - G. Number in which information resulted in a new Share of Cost
 - H. Number in which information resulted in an
 - (1) Increased Share of Cost
 - (2) Decreased Share of Cost
 - I. Number in which information resulted in ineligibility for CMSP
 - J. Number in which information resulted in Medi-Cal eligibility
5. For those not returned:
 - A. Number of discontinuances sent for failure to return Status Reports
 - B. Number of discontinuances
 - (1) Reversed in the same month
 - (2) Reversed the following month
 - (3) Never reversed
6. For a representative day during the month, the actual average time taken to process a Status Report with:
 - A. Income
 - B. No Income
 - C. Earned Income
 - D. Unearned Income
 - E. Earned and Unearned Income
 - F. No Change
 - G. Changes